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Breast Feeding

In Britain, our ever-hopeful profession has not abandoned the unequal struggle to make the modern woman use her breasts for the purpose nature intended, namely, feeding her offspring, instead of attracting mammophilic males. But some are getting a little discouraged at the results. A recent small survey by a general practitioner in East London (*Practitioner*, 188: 393, 1962) reveals the usual low percentage of breast-feeders; only 16% of the 50 mothers breast-fed their babies for four months or longer, the rate being 26% in multiparae and only 8% in primiparae. The author, Dr. Bloomfield, discusses the reasons why breast-feeding was abandoned in spite of the usual exhortations by medical personnel. The commonest reason advanced was that the baby was not satisfied by the breast, and some mothers took this point further by referring to poor weight gain. However, some of the reasons given do not make good reading. A number of mothers found breast-feeding unpleasant, even revolting, and others just wanted more time off or wanted to go to work. Few mothers seemed to get any joy out of feeding their baby. Mothers seemed to be more influenced by what their friends thought about the subject than by their own parents, three-quarters of whom approved of breast-feeding. It would seem that British women are following their North American cousins in successfully emancipating themselves from the disabilities of womanhood; whether the long-term results will be satisfactory remains to be seen. In fairness, it must be said that their artificially fed children appeared to suffer no *physical* harm.

Mother and Child in Hospital

Is the sick child in hospital better off when it has its mother with it or not? This is a question on which opinion is still sharply divided, and the only way to answer it is presumably to build up a large series of cases in which the mother has been admitted to hospital with her sick child and has helped to look after it. This has been done in surprisingly few places, though perhaps our friends in India would have something to say about a culture where the entire family tends to invade the hospital when one member is admitted. There are, it seems, only three hospitals on record where such studies have been made. The first is in Aberdeen, Scotland, where there is a unit for mothers and babies under one year old; the second is at Hunterdon Medical Center, N.J., and the third is at Amersham near London, England. The Amersham unit, which is incorporated in the children's ward of the Amersham General Hospital, has been going since 1956, and its latest report appears in *Lancet* (1: 603, 1962). No special alterations in the building were undertaken, but mothers share the rather small cubicles with the children; there are usually about six in a 20-bed unit, and they live in a hospital and not a home atmosphere, and participate to the limit in the management of the child, even doing such nursing chores as collecting urine samples, recording rates of drip, dressing skin lesions and watching tracheotomies. Having a mother in hospital costs only about $7.50 a week, and presumably an intelligent mother can save the staff that amount of work. Mothers are not selected, because the authors simply do not know how this could be done. They take on any mother who is willing, and have evolved a technique for dealing with the difficult ones; outstandingly difficult ones are rare. Good points they make are that the mother is a keen observer of changes in the child's condition, and that she is a lot less dangerous than nursing staff as a carrier of pathogens.

The upper age limit of the child is five years for admission to be permitted the mother, though mothers may be asked to stay with older children if the latter are mentally defective, cerebrally palsied, blind or otherwise handicapped. Families seem on the whole to manage well without the mother, and fathers are enthusiastic about the scheme. Children admitted in these circumstances have been remarkably free from nervous after-effects, and the relationship between mother and child will often benefit from the shared experience. It would seem that the whole scheme has been a resounding success.

Malaria Eradication Under Fire

Two dicta have passed into the current language of international medicine in recent years: (1) that, given sufficient money, it is possible to banish from the entire world this or that communicable disease; (2) that such eradication of a disease must confer substantial economic benefits on the communities. One of the diseases to whose eradication the World Health Organization is dedicated is malaria, and it was stimulating to hear a critical discussion of this theme at a meeting of the Royal Society of Tropical Medicine and Hygiene in London in February. The main speaker, Dr. Colbourne, agreed that early programs for eradication of malaria from certain areas had been highly successful, to the extent that in some areas malaria had been in fact entirely eliminated. But this success was not universal, for some insect vectors had proved rather resistant to the residual insecticides, some vectors transmitted the disease outside the treated buildings, and some animals served as a reservoir of infection. There were also administrative difficulties; campaigns might be too centralized or too large in relation to the personnel available. As one speaker said, the weakest link in any scheme was the intelligence of the least educated member of the health team. The general opinion seemed to be that instead of an all-out drive concentrated on malaria eradication, having priority over all other national health programs, it might be better to proceed more slowly by organizing smaller programs with thoroughly reliable personnel, and expanding them as proved feasible. Total eradication might not be practicable. Sceptics also suggested that some eradication schemes had not brought much economic benefit; for instance, in Malaya, malaria control had not increased the amount of land under cultivation. This is disquieting, since it is continually being urged that money spent on malaria control must automatically increase the productivity of the population because of improved health, and therefore increase food production and standards of nutrition.

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